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## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-010878

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 22

Primary Registration District No. 5289

Registrar's No. 64

FILED MAR 29 1963

VS 300  
Rev. 4/59

16002

20130

3

4 0

5 1

6

7 0

8 2

94201

10

11

12 90-0

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

## 1. PLACE OF DEATH

a. COUNTY

Clay

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Stadstone

Length of stay in 1b

60 days

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

X

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Caldwell

c. CITY

OR TOWN

Polo

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

J.

Denton

Shuffler

4. DATE

Month

Day

Year

March

21-

1963

## 5. SEX

male

## 6. COLOR OR RACE

White

## 7. Married

Never Married ☐Widowed ☐Divorced ☐

## 8. DATE OF BIRTH

7-19-1924

## 9. AGE (last birthday)

88

## IF UNDER 1 YEAR

Months

## IF UNDER 24 HR

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

## 10b. KIND OF BUSINESS OR INDUSTRY

Retired

## 11. BIRTHPLACE (City and state or country)

Caldwell Co Mo

## 12. CITIZEN OF WHAT COUNTRY

## 13a. FATHER'S NAME

Eli Shuffler

## 13b. MOTHER'S MAIDEN NAME

Irma E. Elliott

## 14. NAME OF HUSBAND OR WIFE

Josephine Shuffler

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Mrs J. D. Shuffler

## Address

Polo Mo

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Coronary Occlusion

INTERVAL BETWEEN  
ONSET AND DEATH

5 minutes

## DUE TO (b)

Coronary Atherosclerosis

Several

years

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

Pneumonia Right Lung - 3 days

PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY

Hour

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from February 1963 to 3-21-63 and last saw him alive on 3-20-63  
Death occurred at 6:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Donald E. Kuey M.D.

## 22b. ADDRESS

8400 N. Oak Hwy.

## 22c. DATE SIGNED

3-22-63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

## 23b. DATE

3-24-1963

## 23c. NAME OF CEMETERY OR CREMATORY

Zimmerman Cemetery

## 23d. LOCATION (City, town, or county)

Polo, Caldwell Co., Mo.

## (State)

## 24. FUNERAL DIRECTOR

ADDRESS

Chapman &amp; Cowley Polo Mo

## 25. DATE RECD. BY LOCAL REG.

3-23-63

## 26. REGISTRAR'S SIGNATURE

Marguerite Hudgens

(Licensed Embalmer's Statement on Reverse Side)

MAR 29 1963

APR 11 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Bernard F. Nowicki

Licensed Embalmer No. 4924

P. O. Address Polo, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.